

Michigan Department of Labor & Economic Growth  
MICHIGAN LIQUOR CONTROL COMMISSION (MLCC)  
7150 Harris Drive, P.O. Box 30005 - Lansing, Michigan 48909-7505

**LIMITED PARTNERS, STOCKHOLDERS OR MEMBERS STATEMENT**

[Authorized by MCL 436.1523 and MAC 436.1105(a)]

I, \_\_\_\_\_ ☐ A Stockholder ☐ A Limited Partner ☐ Member  
Name

of: \_\_\_\_\_  
Home Address

Make the following statements to the Michigan Liquor Control Commission in connection with the application of:

\_\_\_\_\_  
Print Name of Limited Partnership OR Corporation

for a new or transfer of \_\_\_\_\_  
Type of License

From: \_\_\_\_\_  
If Transfer, Name of Seller

Located at \_\_\_\_\_  
Address of License

Have you ever been convicted of a criminal offense, including alcohol related infractions? \_\_\_\_ Yes \_\_\_\_ No  
If yes, place charge and disposition on the back of this form.

Do you or your spouse hold any position, either by appointment or election, which involves the duty to enforce any penal law of the United States of America, or the penal laws of the State of Michigan, or any penal ordinance or resolution of any municipal subdivisions of the State of Michigan (civil defense volunteer policeman, mayors, village presidents, and members of city councils are not considered to be law enforcement officers).  
\_\_\_\_ Yes \_\_\_\_ No

Do you or your spouse hold any class of license for the manufacture or sale of alcoholic beverages at wholesale in Michigan, or any interest (stockholder / member) in any class of license for the sale of alcoholic liquor in Michigan which would be in conflict with the granting of this license?  
\_\_\_\_ Yes \_\_\_\_ No

I state that I am of legal age (21) for consumption of alcoholic beverages in the State of Michigan.  
My date of birth is \_\_\_\_\_.

I understand that the falsification of the information on this form, or any false statements made during investigations, may constitute grounds for denial or revocation of the licenses issued.

\_\_\_\_\_  
Signature of Applicant Date